Approved for use through 7/31/2006, OMB 0651-0031 PTO/S8/06 (12-04)

U.S. Paterix and Trademark Unite; U.S. DEPARTMENT OF COMMERCI Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless & displays a valid OMB control number PATENT APPLICATION FEE DETERMINATION RECORD Application or Docket Number Substitute for Form PTO-875 APPLICATION AS FILED - PART I (Cotumn 1) OTHER THAN (Column 2) SMALL ENTITY OR SMALL ENTITY FOR NUMBER FILED NUMBER EXTRA BASIC FEE RATE (\$) FEE (S) (37 CFR 1.16(a), (b), or (c) RATE (S) FEE (\$) SEARCH FEE (37 CFR L16(K), (I), or (m)) EXAMINATION FEE (37 OFR 1.15(0), (p), or (q)) TOTAL CLAIMS (37 CFR 1.16(I)) minus 20 = INDEPENDENT CLAIMS OR X (37 CFR 1.18(h)) - entinus 3 = = If the specification and drawings exceed 100 APPLICATION SIZE sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each (37 CFR 1.16(s)) additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.160)  $^{\circ}$  if the difference in column 1 is less than zero, enter  $^{\circ}$ 0° in column 2. TOTAL TOTAL APPLICATION AS AMENDED - PART II (Column 1) (Cotumn 2) (Column 3) OTHER THAN OR SMALL ENTITY CLAIMS SMALL ENTITY HIGHEST REMAINING NUMBER PRESENT. RATE (\$) **AFTER** ADOL PREVIOUSLY RATE (\$) **EXTRA** AMENDMENT ADDL PAIDFOR TIONAL TIONAL Total FEE (5) Minus AÜ (37 CFR 1.(6()) FEE (\$) ENDM OR Minus Application Size Fee (37 CFR 1.16(s)) OR AJCY . FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(1)) OR TOTAL TOTAL ADD'L FEE ADD'L FEE OR . (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST REMAINING NUMBER d PRESENT RATE (S) AFTER PREVIOUSLY EXTRA RATE (\$) AMENDMENT TIONAL FEE (\$) PAID FOR TIONAL Total (1) CFR 1.16(1) Minus ENDM FEE (1) tridependent (37 CFR 1.146b) OR Minus x Application Size Fee (37 OFR 1.16(s)) GR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1,16(I)) OR TOTAL TOTAL

"If the entry in column 1 is less than the entry in column 2, write "O" in column 3.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CPR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the user) of the properties of the collection is estimated to take 12 minutes to complete, on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.